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S.D. SEC. OF STATE

# STATE OF SOUTH DAKOTA

# Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

| | | |
|---|---|---|
| 1. TITLE OF NEWSPAPER **The De Smet News** | | 2. DATE **9/18/15** |
| 3. FREQUENCY OF ISSUE **Weekly** | 3A. NO. OF ISSUES PUBLISHED ANNUALLY **52** | 3B. ANNUAL SUBSCRIPTION PRICE $ **$45 and $55** |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) **220 Calumet Ave., De Smet, SD 57231-0069** | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) **220 Calumet Ave., De Smet, SD 57231-0069** | | |
| 6. FULL NAME OF PUBLISHER: **Dale Blegen** | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. | | |
| FULL NAME | COMPLETE MAILING ADDRESS | |
| **Blegen Publishing Inc.** | **P.O. Box 69, De Smet, SD 57231** | |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. **None** | | |

| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
|---|---|---|
| A.TOTAL NO. COPIES (Net Press Run) | **1300** | **1300** |
| B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies. | **243** | **289** |
| 2. Mail Subscription (Paid and or requested) | **757** | **750** |
| C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) | **1000** | **1039** |
| D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS | **30** | **30** |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | | |
| E.TOTAL DISTRIBUTION (Sum of C, D1 and D2) | **1030** | **1069** |
| F.COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing | **292** | **278** |
| 2. Return from News Agents | | |
| G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A) | **1300** | **1300** |

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**

**I swear that the statements made by me are true, correct, and complete:**

(Signature)

**Publisher**

(Title)

State of South Dakota )

§

County of Kingsbury )

(Seal)

Sworn to before me this 21st day of September, 2015

Margaret A. Wilde

Notary Public

My commission expires: May 30, 2018

Form: SOS REC 051 8/2014